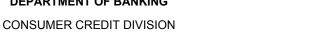


STATE OF CONNECTICUT

DEPARTMENT OF BANKING

260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800





MAIN OFFICE - APPLICATION FOR CHECK CASHING LICENSE

Application is hereby made for a license under Chapter 668, Part IV of the Connecticut General Statutes

| Limited Facility | ☐ General Facility |
|------------------|---|
| | ntifying Information |
| | Applicant Name: |
| | (sole proprietor use "Last, First, Middle") |
| | Main Address: Number & Street: |
| | City: |
| | State/Province: |
| | Country: |
| | Postal Code: |
| | Business Phone, Fax and Email: |
| | Business Phone: |
| | Fax Line: |
| | Email Address: |
| | Days and Hours of Operation: |
| | Days of Operation: |
| | Business Hours: |
| | er Business Names |
| | |
| | |
| | |
| | er Business Names |

| Web Addresses | |
|---|------|
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| | |
| Contact Employee Information | |
| | |
| Company: | |
| Name: | |
| Title: | |
| Mailing Address: | |
| | |
| | |
| City: | |
| State/Province: | |
| Country: | |
| Postal Code: | |
| Business Phone: | |
| Fax Line: | |
| Email Address: | |
| | |
| Consumer Complaint Employee Information | tion |
| Name: | |
| | |
| Business Address: | |
| | |
| City: | |
| State/Province: | |

Revised on 10/2009 2

Country: Postal Code:

Fax Line:

Business Phone:

Email Address:

Comments:

Books and Records Information

| Name: | |
|-------------------|--|
| Title: | |
| Business Address: | |
| | |
| | |
| City: | |
| State/Province: | |
| Country: | |
| Postal Code: | |
| | |
| Business Phone: | |
| Fax Line: | |
| Email Address: | |

Other Activities

| Will the Applicant engage in any non-check cashing activities? | Yes No No |
|--|------------|
| Will the Applicant occupy or share space with any individual and/or entity engaged in financial services-related activity? | Yes 🔲 No 🛄 |
| NOTE: If "Yes" briefly describe. | |

Legal Status

| Form of Organization | |
|-----------------------------------|--|
| Form of Organization: | |
| State: | |
| Date of formation (MM/DD/YYYY): | |
| If publicly traded, stock symbol: | |
| Employer Identification Number: | |
| Social Security Number: | |
| (if a Sole Proprietorship) | |

Disclosure Questions

| lin | nited lia | loes) the Applicant, or any partner (if the Applicant is a partnership), any member (if the Applican ibility company or association), or any officer, director, trustee, principal employee or shareholde ent or more of outstanding stock of the Applicant (if the Applicant is a corporation): | | |
|-------------|--------------------------------|--|-------|------|
| | | CRIMINAL DISCLOSURE | | |
| | | en convicted of or pled guilty or nolo contendere ("no contest") in a domestic, or military court to any felony? | Yes 🔲 | No 🔲 |
|) l | have pe | ending charges for any felony? | Yes 🔲 | No 🔲 |
| 1 | foreign, (1) any stateme | en convicted of or pled guilty or nolo contendere ("no contest") in a domestic, or military court to committing or conspiring to commit a misdemeanor involving: aspect of the check cashing services business, (2) any fraud, (3) false ents or omissions, (4) theft or wrongful taking of property, (5) bribery, (6) perjury, ery, (8) counterfeiting, or (9) extortion? | Yes 🔲 | No 🔲 |
| d) l | have pe | ending charges for any misdemeanor specified in (c)? | Yes _ | No 🔲 |
| | | REGULATORY DISCLOSURE | | |
| | | en the subject of actions (cease and desist orders, consent orders, injunctions, suspensions or revocations, etc.) by any state or federal regulatory agency? | Yes 🔲 | No 🔲 |
| ĺ | | en refused any license by a governmental banking agency or authority or been any license (except motor vehicle operator) by any other governmental agency ority? | Yes | No 🔲 |
| | | CIVIL DISCLOSURE | | |
| 1 1 1 | benefit financia account | en the subject of proceedings in: bankruptcy, receivership, assignment for the of creditors; consumer-initiated litigation or arbitration filed in connection with a I services-related business; or any litigation that, according to generally accepted ting principles, is deemed significant to financial health and would be required to renced in an annual audited financial statement, report to shareholders, or similar ent? | Yes | No 🔲 |
| N | OTE: | If the answer to any of the above questions is "YES", provide complete details of all events or proceedings in an attachment. | | |

| s the Applicant controlled by a credit union, bank holding company, state member bank f the Federal Reserve System, state non-member bank, national bank, foreign bank, avings association/savings bank, or thrift holding company? | Yes 🛄 | No [|
|---|-------|------|
| NOTE: If "Yes" provide the name and address of the entity and describe the type of relationship. | | |

4 Revised on 10/2009

Control Persons

| FULL NAME TITLE | RESIDENTIAL ADDRESS | DATE OF BIRTH | OTHER OCCUPATION |
|-----------------|------------------------|---------------|---------------------|
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Direct Owners

| FULL NAME TITLE | RESIDENTIAL ADDRESS | PERCENT OF OWNERSHIP |
|--------------------|------------------------|----------------------|
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Indirect Owners

| | FULL NAME | TYPE OF RELA | ATIONSHIP | PERCENT OF OWNERSHIP |
|--|---|------------------|---|-----------------------|
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| nature of A _l | oplicant | | | |
| nature of A | oplicant | | | |
| nature of A _l | oplicant (Signature) | | (Nan | ne and Title - Print) |
| | | | (Nan | ne and Title - Print) |
| STATE OF | | | (Nan | ne and Title - Print) |
| STATE OF _ | (Signature) | | | |
| STATE OF _ | (Signature) | | | |
| STATE OF COUNTY OF On this o me known, and path, deposes an | (Signature) | (Name and Title) | _ , personally app | eared duly sworn upon |
| o me known, and path, deposes an | (Signature) day of d known by me to be the signer of d says he/she has read, and known | (Name and Title) | _ , personally app nt, who being first , and that the alleg | eared duly sworn upon |